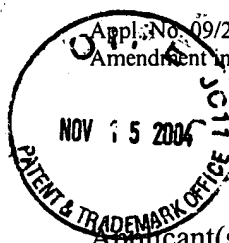


ITW
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1615



Appl. No. 09/286,818
Amendment in Response to New Ground of Rejection by the Board Dated September 10, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ream et al.
Appl. No.: 09/286,818
Conf. No.: 5472
Filed: April 6, 1999
Title: PHARMACEUTICAL CHEWING GUM FORMULATIONS
Art Unit: 1615
Examiner: S. Tran
Docket No.: 112703-035

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

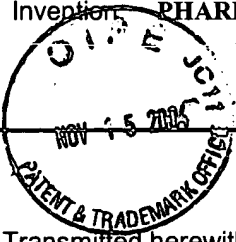
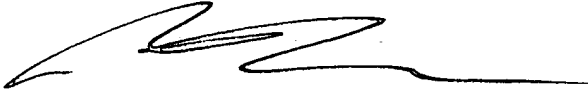

AMENDMENT IN RESPONSE TO NEW GROUND OF REJECTION BY BOARD

Sir:

In response to the Decision on Appeal dated September 10, 2004 in the above referenced case in which the Board entered a new ground of rejection under 37 CFR 1.196(b), please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 112703-35	
Applicant(s): Ream et al.					
Application No. 09/286,818	Filing Date April 6, 1999	Examiner S. Tran	Customer No. 29156	Group Art Unit 1615	Confirmation No. 5472
Invention: PHARMACEUTICAL CHEWING GUM FORMULATIONS					
 COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16 -	25 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	5 =	0 x	\$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 02-1818 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ <i>Signature</i>			Dated: November 10, 2004		
Robert M. Barrett Reg. No. 30,142 P.O. Box 1135 Chicago, IL 60690-1135 Phone: 312-807-4204			<div style="border: 1px solid black; padding: 5px;"> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p> <p style="text-align: center;"><u>November 10, 2004</u></p> <p style="text-align: center;">(Date)</p> <p style="text-align: center;">  <i>Signature of Person Mailing Correspondence</i> </p> <p style="text-align: center;">Heather Foster</p> <p style="text-align: center;"><i>Typed or Printed Name of Person Mailing Correspondence</i></p> </div>		
CC:					